OMB Number: 4040-0004 Expiration Date: 12/31/2019

* 1. Type of Submission:  * 2. Type of Application:  * If Revision, select appropriate letter(s):						
Preapplication       New         Application       Continuation         * Other (Specify):         Changed/Corrected Application       Revision						
* 3. Date Received:  4. Applicant Identifier:						
5a. Federal Entity Identifier:  0107186580000  5b. Federal Award Identifier:  [0107186580000]						
State Use Only:						
6. Date Received by State: 7. State Application Identifier:						
8. APPLICANT INFORMATION:						
*a. Legal Name: County of Santa Barbara						
* b. Employer/Taxpayer Identification Number (EIN/TIN):  95-6002833  * c. Organizational DUNS:  0107186580000						
d. Address:						
* Street1: 105 East Anapamu Street  Street2:  * City: Santa Barbara  County/Parish:						
* State: CA: California						
Province:						
* Country: USA: UNITED STATES  * Zip / Postal Code: 93101-2074						
e. Organizational Unit:						
Department Name: Division Name:						
Public Works Water Resources						
f. Name and contact information of person to be contacted on matters involving this application:						
Prefix: Mr. * First Name: Jon						
Middle Name:						
* Last Name: Frye						
Suffix:						
Title: Engineering Manager						
Organizational Affiliation: Santa Barbara County Flood Control & Water Conservation Dist						
* Telephone Number: 805-568-3444 Fax Number: 805-568-3434						
*Email: jfrye@cosbpw.net						

Application for Federal Assistance SF-424
* 9. Type of Applicant 1: Select Applicant Type:
B: County Government
Type of Applicant 2: Select Applicant Type:
Type of Applicant 3: Select Applicant Type:
* Other (specify):
· ·
* 10. Name of Federal Agency:
FEMA
11. Catalog of Federal Domestic Assistance Number:
97.047
CFDA Title:
Pre-Disaster Mitigation
* 12. Funding Opportunity Number:
DHS-18-MT-047-000-99
* Title:
FY 2018 Pre-Disaster Mitigation
13. Competition Identification Number:
Title:
14. Areas Affected by Project (Cities, Counties, States, etc.):
Add Attachment Delete Attachment View Attachment
* 15. Descriptive Title of Applicant's Project:
Buena Vista Creek Debris Basin Project
Attach supporting documents as specified in agency instructions.
Add Attachments Delete Attachments View Attachments

•

	Application for Federal Assistance SF-424						
Attach an additional list of Program/Project Congressional Districts if needed.    Add Atfachment	16. Congression	nal Districts Of:					
Add Attachment  7. Proposed Project:  *a. Start Date: 07/01/2019  *b. End Date: 07/01/2022  *b. End Date: 07/01/2022  *b. End Date: 07/01/2022  *b. Applicant	* a. Applicant	23	* b. Program/Project 23				
17. Proposed Project:  *a. Start Date:   07/01/2019   *b. End Date:   07/01/2022    *b. End Date	Attach an additional list of Program/Project Congressional Districts if needed.						
*a. Start Date: 07/01/2013			Add Attachment Delete Attachment View Attachment				
18. Estimated Funding (\$):  *a. Federal 3,000,000,000  *b. Applicant 1,000,000,000  *c. State 0,000  *d. Local 0,000  *e. Olher 0,000  *g. TOTAL 4,000,000,000  *19. IS Application Subject to Review By State Under Executive Order 12372 Process?  *A. This application was made available to the State under the Executive Order 12372 Process for review on 12/03/2018  \$\text{D. Program is subject to E.O. 12372 but has not been selected by the State for review.  \$\text{c. Program is not covered by E.O. 12372.}  *20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)  \$\text{If Yees}\$ No  If Yees, provide explanation and attach  \$\text{21. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge, I also provide the required assurances* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)  ***IAGREE**  **The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.  **Authorized Representative:  Prefix:  \$\text{MIT. By Signing Risk Splicetox}\$  **Telephone Number: 805-568-3000   Fax Number:    **Email: \$\text{Vegolpin@coabpw.net}\$	17. Proposed P	roject:					
*a. Federal 3,000,000.00 *b. Applicant 1,000,000.00 *c. State 0.00 *d. Local 0.00 *f. Local 0.00 *f. Program Income 0.00 *g. TOTAL 4,000,000.00 *g. TOTAL 4,000.00 *g. TOTAL 4,000.00 *g. TOTAL 4,000.00 *g. TOTAL 4,000.00 *g. TOTAL 4,000,000.00 *g. TOTAL 4,000.00 *g. TOTAL 4,000.	* a. Start Date:	07/01/2019	* b. End Date: 07/01/2022				
**O. State	18. Estimated F	unding (\$):					
*c. State	* a. Federal		3,000,000.00				
*d. Local 0.00  *e. Other 0.000  *f. Program income 0.00  *g. TOTAL 4,000,000.00  *19. Is Application Subject to Review By State Under Executive Order 12372 Process?  ② a. This application was made available to the State under the Executive Order 12372 Process for review on 12/03/2018  ⑤ b. Program is subject to E.O. 12372 but has not been selected by the State for review.  ⑥ c. Program is not covered by E.O. 12372.  *20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)  ⑤ Yes ⑥ No  If "Yes", provide explanation and attach  ② 1.*By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances* may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 216, Section 1001)  ⑤ ***I AGREE  *** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.  Authorized Representative:  Prefix: Mr. *First Name: Scott  Middle Name:  *Last Name: McGolpin  Suffix:  *Title: Public Works Director  *Telephone Number: \$305-568-3000 Fax Number:  *Telephone Number: \$305-568-3000 Fax Number:  *Email: Mcgolpin@cosbpw.net	* b. Applicant		1,000,000.00				
*e. Cither 0.00  *f. Program Income 0.00  *g. TOTAL 4,009,000.00  *19. Is Application Subject to Review By State Under Executive Order 12372 Process?  A. This application was made available to the State under the Executive Order 12372 Process for review on 12/03/2018  b. Program is subject to E.O. 12372 but has not been selected by the State for review.  c. Program is not covered by E.O. 12372.  *20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)  Yes No  If "Yes", provide explanation and attach  L1. "By signing this application, I certify (1) to the statements contained in the list of certifications" and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances" and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)  **IAGREE*  *The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.  Authorized Representative:  *Tritle: Public Works Director  *Title: Public Works Director  *Title: Public Works Director  *Title: Public Works Director  *Telephone Number: \$1,000 pin@cosbpw.net	* c. State		0.00				
**! Program Income	* d. Local	√ .	0.00				
*9. TOTAL 4,000,000.00  *19. Is Application Subject to Review By State Under Executive Order 12372 Process?    3. This application was made available to the State under the Executive Order 12372 Process for review on 12/03/2018	* e. Other		0.00				
* 19. is Application Subject to Review By State Under Executive Order 12372 Process?    a. This application was made available to the State under the Executive Order 12372 Process for review on   12/03/2018     b. Program is subject to E.O. 12372 but has not been selected by the State for review.   c. Program is not covered by E.O. 12372.  * 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)   Yes   No     If "Yes", provide explanation and attach     Delete Attachment   Delete Attachment   View Attachment     21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. It am aware that any false, fictious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)   **I AGREE    ** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.  Authorized Representative:  Prefix:   Mr.   * First Name:   Scott     Middle Name:     *Last Name:   McGolpin     **Title:   Fublic Works Director     *Title:   Fublic Works Director     *Telephone Number:   805-568-3000     *Email:   McGolpin@cosbpv.net	* f. Program Inco	ome	0.00				
☑ a. This application was made available to the State under the Executive Order 12372 Process for review on 12/03/2018   □ b. Program is subject to E.O. 12372 but has not been selected by the State for review. □ c. Program is not covered by E.O. 12372.   *20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.) □ Yes ☑ No   If "Yes", provide explanation and attach If "Yes", provide explanation, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)   □ **I AGREE ** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.   Authorized Representative:   Prefix: Mr. * First Name: Scott   Middle Name: * Last Name: McGolpin   * Title: Public Works Director   * Telephone Number: \$605-568-3000 Fax Number:	* g. TOTAL		4,000,000.00				
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Yes   No   If "Yes", provide explanation and attach   Add Attachment   Delete Attachment   View Attachment	c. Program	is not covered by E.O. 123	372.				
If "Yes", provide explanation and attach  Add Attachment  Delete Attachment  View Attachment  21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)  ***IAGREE*  ** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.  Authorized Representative:  Prefix: Mr.	* 20. Is the App	licant Delinquent On Any	Federal Debt? (If "Yes," provide explanation in attachment.)				
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Prefix:         Mr.         * First Name:         Scott           Middle Name:         * Last Name:         McGolpin           * Under the Suffix:         * Title:         Public Works Director           * Telephone Number:         805-568-3000         Fax Number:           * Email:         Mcgolpin@cosbpw.net	herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)  *** I AGREE  *** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency						
Middle Name:  * Last Name: McGolpin  Suffix:  * Title: Public Works Director  * Telephone Number: 805–568–3000  * Email: McGolpin@cosbpw.net							
Middle Name:  * Last Name: McGolpin  Suffix:  * Title: Public Works Director  * Telephone Number: 805–568–3000  * Email: McGolpin@cosbpw.net	Prefix:	Mr.	* First Name: Scott				
* Last Name: McGolpin Suffix:  * Title: Public Works Director  * Telephone Number: 805-568-3000  * Email: McGolpin@cosbpw.net							
Suffix:  * Title: Public Works Director  * Telephone Number: 805-568-3000 Fax Number:    * Email: Mcgolpin@cosbpw.net		McGolpin					
*Telephone Number: 805-568-3000 Fax Number:   *Email: Mcgolpin@cosbpw.net	Suffix:						
*Email: Mcgolpin@cosbpw.net	*Title: Public Works Director						
	*Telephone Number: 805-568-3000 Fax Number:						
* Signature of Authorized Representative:	*Email: Mcgolpin@cosbpw.net						
	* Signature of A	uthorized Representative:	* Date Signed:				

# ASSURANCES - CONSTRUCTION PROGRAMS

OMB Number: 4040-0009 Expiration Date: 01/31/2019

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0042), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the Awarding Agency. Further, certain Federal assistance awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant:, I certify that the applicant:

- Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of project described in this application.
- Will give the awarding agency, the Comptroller General
  of the United States and, if appropriate, the State,
  the right to examine all records, books, papers, or
  documents related to the assistance; and will establish
  a proper accounting system in accordance with
  generally accepted accounting standards or agency
  directives.
- 3. Will not dispose of, modify the use of, or change the terms of the real property title or other interest in the site and facilities without permission and instructions from the awarding agency. Will record the Federal awarding agency directives and will include a covenant in the title of real property acquired in whole or in part with Federal assistance funds to assure non-discrimination during the useful life of the project.
- Will comply with the requirements of the assistance awarding agency with regard to the drafting, review and approval of construction plans and specifications.
- 5. Will provide and maintain competent and adequate engineering supervision at the construction site to ensure that the complete work conforms with the approved plans and specifications and will furnish progressive reports and such other information as may be required by the assistance awarding agency or State.
- Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
- Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.

- 8. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards of merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
- Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
- 10. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681 1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29) U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee 3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statue(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statue(s) which may apply to the application.

- 11. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal and federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
- 12. Will comply with the provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
- 13. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333) regarding labor standards for federally-assisted construction subagreements.
- 14. Will comply with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
- 15. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of

- Federal actions to State (Clean Air) implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
- Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
- 17. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq).
- 18. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
- Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.
- 20. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE
	Director of Public Works
APPLICANT ORGANIZATION	DATE SUBMITTED
County of Santa Barbara	12/03/2018

SF-424D (Rev. 7-97) Back

# DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C.1352

Approved by OMB 4040-0013

1. * Type of Federal Action:	2. * Status of Federa	al Action:	3. * Report Ty	pe:	
a. contract			a. initial filing		
b. grant	b. initial award		b. material change		
c. cooperative agreement	c. post-award				
d. loan					
e. loan guarantee					
f. Ioan insurance					
4. Name and Address of Reporting	Entity:				
Prime SubAwardee		7			
*Name County of Santa Barbara					
* Street 1 105 East Anapamu Street	S	treet 2			
* City Santa Barbara	State CA: California			Zip 93101	
Congressional District, if known: 24					
5. If Reporting Entity in No.4 is Subar	wardee, Enter Name	and Address of Pri	me:		
				*	
* * *					
6. * Federal Department/Agency:		7. * Federal Prog	ram Name/Des	cription:	
FEMA		U.S. Department of He			
		Federal Emergency Man		EMA)	
		CFDA Number, if applica			
8. Federal Action Number, if known:		9. Award Amoun	it, if known:		
		\$			
40 - Name and Address of Labbyin	« Posiotront:				
10. a. Name and Address of Lobbyin	g Registrant.	Middle Name			
Prefix Mr. * First Name Don					
*Last Name		Suffix			
* Street 1 25 Massachusetts Avenue, N.W.	s	Street 2 Suite 570			
* City	State			Zip 20001	
Washington, DC				20001	
b. Individual Performing Services (inc	luding address if different from No	. 10a)			
Prefix * First Name		Middle Name			
*Last Name Suffix					
		Street 2			
* Street 1		Street 2	100		
* City	State			Zip	
11. Information requested through this form is authorized	by title 31 U.S.C. section 1352.	This disclosure of lobbying ac	tivities is a material repr	resentation of fact upon which	
reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than					
\$10,000 and not more than \$100,000 for each such failure.					
* Signature:					
*Name: Prefix *First Name	ne	Middle N	ame		
*Last Name		Sui	fix		
DECEMBER DECEMBER OF A FEMALE		MINERAL PROPERTY OF THE PROPER			
Title: Public Works Director	Telephone No.:	805-568-3000	Date:		
Federal Use Only:				norized for Local Reproduction Indard Form - LLL (Rev. 7-97)	

# U. S. DEPARTMENT OF HOMELAND SECURITY

# FEDERAL EMERGENCY MANAGEMENT AGENCY CERTIFICATIONS REGARDING LOBBYING; DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS; AND DRUG-FREE WORKPLACE REQUIREMENTS

O.M.B. No. 1660-0025 Expires July 31, 2007

#### PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 1.7 hours per response. The burden estimate includes the time for reviewing instructions and searching existing data sources, gathering and maintaining the data needed and completing, and submitting the form. You are not required to respond to this collection of information unless a valid OMB control number appears in the upper right corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, U.S. Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472, Paperwork Reduction Project (1660-0001). NOTE: Do not send your completed form to this address.

Applicants should refer to the regulations cited below to determine the certification to which they are required to attest. Applicants should also review the instructions for certification included in the regulations before completing this form. Signature of this form provides for compliance with certification requirements under 44 CFR Part 18, "New Restrictions on Lobbying" and 28 CFR Part 17, "Government-wide Debarment and Suspension (Nonprocurement) and Government-wide Requirements for Drug-Free Workplace (Grants),." The certifications shall be treated as a material representation of fact upon which reliance will be placed when the Federal Emergency Management Agency (FEMA) determines to award the transaction, grant, or cooperative agreement.

### 1. LOBBYING

As required by section 1352, Title 31 of the U.S. Code, and implemented at 44 CFR Part 18, for persons entering into a grant or cooperating agreement over \$ 100,000, as defined at 44 CFR Part 18, the applicant certifies that:

- (a) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the making of any Federal grant, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal grant or cooperative agreement.
- (b) If any other funds than Federal appropriated funds have been paid or will be paid to any other person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or an employee of Congress, or employee of a member of Congress in connection with this Federal Grant or cooperative agreement, the undersigned shall complete and submit Stand Form-LLL, "Disclosure of Lobbying Activities." in accordance with its instructions
- (c) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subgrants, contracts under grants and cooperative agreements, and subcontracts) and that all subrecipients shall certify and disclose accordingly.
- Standard Form-LLL "Disclosure of Lobbying Activities" attached (This form must be attached to certification if nonappropriated funds are to be used to influence activities.)

# 2. DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS (DIRECT RECIPIENT)

As required by Executive Order 12549, Debarment and Suspension, and implemented at 44 CFR Part 67, for prospective participants in primary covered transactions, as defined at 44 CFR Part 17, Section 17.510-A. The applicant certifies that it and its principals:

- (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of Federal benefits by a State or Federal court, or voluntarily excluded from covered transactions by any Federal department or agency;
- (b) Have not within a three-year period preceding this application been convicted of a or had a civilian judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or perform a public a public (Federal ,State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

- (c) Are not presently indicted for otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (1) (b) of this certification; and
- (d) Have not within a three-year period preceding this application had one or more public transactions (Federal, State, or local) terminated for cause of default: and
- B. Where the applicant is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this application.

# 3. DRUG-FREE WORKPLACE (GRANTEE OTHER THAN INDIVIDUALS)

As required by the Drug-Free Workplace Act of 1988, and implemented at 44 CFR Part 17, Subpart F, for grantees, as defined at 44 CFR Part 17.615 and 17.620-

- A. The applicant certifies that it will continue to provide a drug-free workplace by;
- (a) Publishing a statement notifying employees that the unlawful manufacture, distributions
- (b) Establishing an on-going drug free awareness program to inform employees about-
  - (1) The dangers of drug abuse in the workplace;
  - (2) The grantee's policy of maintaining a drug-free workplace;
  - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
  - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- (c) Making it a requirement that each employee to be engaged in the performance of the grant to be given a copy of the statement required by paragraph (a);
- (d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will-
  - (1) Abide by the term of the statement; and
  - (2) Notify the employee in writing of his or her conviction for a violation of a criminal drug statute occurring ion the workplace no later than five calendar days after such convections;
- (e) Notifying the agency, in writing, with 10 calendar days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position, title, to the applicable FEMA awarding office, i.e., regional office or FEMA office.

- (f) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is convicted-
  - (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation act of 1973, as amended; or
  - (2) Requiring such an employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- (g) Making a good faith effort to continue to maintain a drug free workplace through implementation of paragraphs (a),(b),(c),(d),(e) and (f).
- B. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

Place of Performance (Street address, City, County, State, Zip code)

County of Santa Barbara	
123 East Anapamu Street Santa Barbara, CA 93101	
If there are workplaces on file that are no	t identified

Section 17.630 of the regulations provide that a grantee that is a State may elect to make one certification in each Federal fiscal year. A copy of which should be included with each application for FEMA funding. States and State agencies may elect to use a state wide certification.

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